

JAN 26 2007

FAX TRANSMISSION**DATE:** January 26, 2007**PTO IDENTIFIER:** Application Number 10/748,064-Conf. #8311
Patent Number**Inventor:** Pieter J. MOSTERMAN**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Kevin J. Canning

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-060**PAGES (Including Cover Sheet):** 12**CONTENTS:**

Amendment Transmittal (1 page)
Fee Transmittal (1 page, in duplicate) ✓
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment (6 pages)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/748,064

Attorney Docket No.: MWS-060

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Amendment Transmittal (1 page)

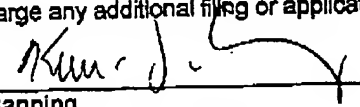
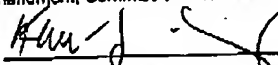
Fee Transmittal (1 page, in duplicate)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment (6 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. MWS-060	
Application No. 10/748,064-Conf. #8311		Filing Date December 29, 2003		Examiner A. W. Paladini	
				Art Unit 2171	
Applicant(s): Pieter J. MOSTERMAN					
Invention: HIERARCHICAL REFERENCES OR LINKS IN MODELING ENVIRONMENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 72 =		x	
Independent Claims	2	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Kevin J. Canning Attorney/Agent Reg. No.: 35,470 LAHIVE & COCKFIELD, LLP One Post Office Square Boston, Massachusetts 02109-2127 (617) 227-7400				Dated: <u>January 26, 2007</u>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: January 28, 2007					
Signature:  (Kevin J. Canning)					

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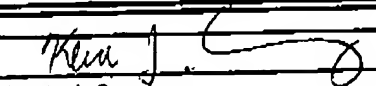
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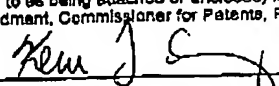
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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/748,084-Conf. #8311	Filing Date December 29, 2003
TOTAL AMOUNT OF PAYMENT (\$) 120.00		First Named Inventor Pieter J. MOSTERMAN	Examiner Name A. W. Paladini
		Art Unit 2171	Attorney Docket No. MWS-060

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							2. EXCESS CLAIM FEES
							<u>Fee (\$)</u> <u>Small Entity Fee (\$)</u>
Fee Description: Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u>
26 - 72 = _____ x _____ = _____							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
2 - 0 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____							<u>Fees Paid (\$)</u>
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							120.00
Other (e.g., late filing surcharge): 1251 Extension for response within first month							

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 35,470	Telephone (617) 227-7400	
Name (Print/Type) Kevin J. Canning		Date January 26, 2007	

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Dated: January 26, 2007	Signature:  (Kevin J. Canning)

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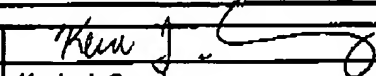
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 120.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)
25 - 72 = x =							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
2 - 8 = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
_____ - 100 = /50 (round up to a whole number) x =							
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Name (Print/Type) Kevin J. Canning	Date January 26, 2007						

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